645e 96-10725-0wz Doc 9394	2 Entered 10/15/11	13:5/://5 Page 1 of 10
P UNITED STATES BANKRUPTCY COURT	EMAGOFOF CLA	
DISTRICT OF NEVADA		YOUR CLAIM IS SCHEDULED AS
the state of the s	Coop Number	Cabadula/Olava ID -04050
Name of Debtor	Case Number	Amount/Classification \$1 087 60 Unsecured
USA Commercial Mortgage Company	06-10725-LBR	\$1 087 60 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exi	Dense Check box if you are	
arising after the commencement of the case. A request for payment	of an aware that anyone else ha	
administrative expense may be filed pursuant to 11 U S C § 503	filed a proof of claim relati	of I ne amounts reflected above constitute your claim as
Name of Creditor and Address	statement giving particula	you agree with the amounts set forth herein and have no
HUMPHRY 1999 TRUST	Check box if you have	
C/O JACK HUMPHRY & ALICE HUMPHRY TRUSTEES	never received any notice from the bankruptcy court	s i
3825 CHAMPAGNE WOOD DR NORTH LAS VEGAS NV 89031 2056	BMC Group in this case	Unliquidated or Disputed, a proof of claim must be
NORTH LAS VEGAS INV 89031 2030	Check box if this add	
	differs from the address of envelope sent to you by the	
Creditor Telephone Number ()	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor Check here	replaces
4//3	of thus storm	or a previously filed claim datedamends
1 BASIS FOR CLAIM	Retiree benefits as defined in 11	
Goods sold Personal injury/wrongful death	Wages salaries and compensa	
☐ Services performed ☐ Taxes	Last four digits of your SS #	(not for loan balances)
Money loaned	Unpaid compensation for service	es performed from
		(date) (date)
2 DATE DEBT WAS INCURRED	3 IF COURT JUDGMENT, DA	ATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describe your claim and state the	amount of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SEÇURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim, or b) y	our claim Check this bo	x if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	r claim is a right of setc	•
UNSECURED PRIORITY CLAIM		on of collateral
Check this box if you have an unsecured claim all or part of which is	Real Esta	te
entitled to priority	Value of Colla	ateral \$
Amount entitled to priority \$		age and other charges at time case filed included in
Specify the priority of the claim	secured claim if a	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		s toward purchase lease or rental of property or mily or household use 11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	· ·	to governmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)	=	e paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Amounts are subject to	adjustment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$		mmenced on or after the date of adjustment
AT TIME CASE FILED (unsecured)	(Secured)	\$ / 86,63/. o o (Total)
Check this box if claim includes interest or other charges in addition to the	, ,	(1)/
6 CREDITS The amount of all payments on this claim has been cre		· · · · · · · · · · · · · · · · · · ·
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments mortgages security	<u>iments,</u> sucn as promissory notes agreements and evidence of perf	s purchase orders, invoices itemized statements of ection of lien DO NOT SEND ORIGINAL
DOCUMENTS If the documents are not available, explain If the	documents are voluminous, attach	n a summary
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of your claim enclose a st	amped, self addressed envelope and copy of this
The original of this completed proof of claim form must be ser	t by mail or hand delivered (FA	XES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm		
for each person or entity (including individuals, partnerships,	corporations, joint ventures, tru	sts and
governmental units) BY MAIL TO BMC Group	BY HAND OR OVERNIGHT DELIVER	
BMC Group Attn USACM Claims Docketing Center	BMC Group Attn USACM Claims Docketing	Center FILED OCT 13 2006
P O Box 911	1330 East Franklin Avenue	FILED OO 1 2 2 2
El Segundo CA 90245 0911 DATE SIGN and print the name and title if any, of the	El Segundo, CA 90245	file USA CAAC
this claim (attach copy of power of aftorn	ey if any	
11/06 Just House Son	Hellin) Vermb	1072500588
Penalty for presenting fraudulent clays is a fine of up to \$500 000 or impresonment	EVHIDIT P. 1919	SS/152 AND 2571

Case 06-10725-gwz D		Entered 10/15/11 13:5	4:45 Page 2 (of 10
DININED STATES BANGHURIE Y. COU DISTRICT OF HEVADA		ROOF®OF CLAIM	YOUR CLAIM IS	S SCHEDULED AS
Name of Debtor	Case	Number	Schedule/Claim ID s3	31805
USA Commercial Mortgage Company	ne	-10725-LBR	Amount/Classification	
OSA Commercial Mortgage Company	00-	· IVI &Y`LUN	****	
NOTE See Reverse for List of Debtors and Case Numl This form should not be used to make a claim for an adraining after the commencement of the case A "reques administrative expense may be filed pursuant to 11 U S	ninistrative expense I" for payment of an	aware that anyone else has filed a proof of claim relating	The amounts reflected sho	ove constitute your clarm as
Name of Creditor and Address: JOHN & JANET MRASZ TRUST DATED 12/2/04 C/O JOHN T MRASZ & JANET F MRASZ TI 10015 BARLING ST SHADOW HILLS, CA 91040-1512	11321240001089 RUSTEES	to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the Debtor o you agree with the amount other claim against the De this proof of claim EXCEP' if the amounts shown ab Unliquidated or Disputed filed. If you have already file Bankruptcy Court or BMC	r pursuant to a filed claim If its set forth herein, and have no btor, you do not need to file
Creditor Telephone Number (4/8) 353-0282 Last four digits of account or other number by which cre				ON COUNT USE ORLI
	ONO ROSINIOS GEDIO	Check here repla	, a previously filed o	alaım dated
1 BASIS FOR CLAIM	Reti	ree benefits as defined in 11 U S	C § 1114(a)	Inremitted principal
Goods sold Personal injury/wrong	∐ Wa(ges, salanes, and compensation	(fill out below)	Other claims against servicei (not for loan balances)
Services performed Taxes		t four digits of your SS #		(INCLIVE IVER) DERELIGES)
☐ Other (describe briefly	Unp	aid compensation for services pe		to
2. DATE DEBT WAS INCURRED 4/29/05		IF COURT JUDGMENT, DATE ((date OBTAINED	e) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate t				ase filed
See reverse side for important explanations		SECURED CLAIM	CABE	evet
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing ye	urclaim or b) yourda	Check this box if y	our claim is secured by	collateral (including
exceeds the value of the property securing it, or if c) none of		n is a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		_
Check this box if you have an unsecured claim all or part of	f which is	Real Estate	_ Motor Vehicle _	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage a	nd other charges <u>at tim</u>	e case filed included in
Specify the priority of the claim		secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(a) Wages salanes or commissions (up to \$10,000)* earned		Up to \$2,225* of deposits toware services for personal, family, of	ard purchase, lease, or rent or household use -11 U S C	al of property or \$ 507(a)(7)
before filing of the bankruptcy petition or cessation of the de		Taxes or penalties owed to go		w · (-)(-)
business, whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable part		
Contributions to an employee benefit plan - 11 U S C § 50	7(a)(5)	* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	\$ 15	3.846.15 \$	\$	RUJUSU I ICI R
AT TIME CASE FILED (unsecured		(secured)	(priority)	(Total)
Check this box if claim includes interest or other charges			emized statement of all int	erest or additional charges
6 CREDITS. The amount of all payments on this claim 7 SUPPORTING DOCUMENTS: Attack access of a				
7 SUPPORTING DOCUMENTS* <u>Attach copies of s</u> running accounts, contracts, court judgments, mortg DOCUMENTS If the documents are not available, e	ages, security agree	ments, and evidence of perfectio	n of lien DO NOT SEI	πemized statements of ND ORIGINAL
8. DATE-STAMPED COPY. To receive an acknow proof of claim	•		-	lope and copy of this
The original of this completed proof of claim form ACCEPTED) so that it is actually received on or b for each person or entity (including individuals, p	efore 5:00 pm, pre	vailing Pacific time, on Noveml	per 13, 2006	IS SPACE FOR COURT USE ONLY
governmental units)	•	AND OR OVERNIGHT DELIVERY TO	•	
BY MAIL TO BMC Group Attn. USACM Clause Decketing Contac	BMC	Group		
Attn USACM Claims Docketing Center P O Box 911		USACM Claims Docketing Center East Franklin Avenue	er	
El Segundo, CA 90245-0911	El Se	egundo, CA 90245	FII 1	FD SEP 28 200
DATE 9/27/06 SIGN and print the name and this claim (attach copy of the copy		or or other person authorized to file my)		
Canet		**		USA CMC
Samot	Mrass XI	HIRIT R	_	
UANE	MARASEN	ט ווטוו ט		1072500346

UNITED STATES BANKRUPTCY COURT		ntered 10/15/11 13:	54:45 Pa	IN THE STATE OF TH
DISTRICT OF NEVADA	'17 48(DOF OF CLAIM		
No.				AIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımber	Schedule/Claim I Amount/Classific	
USA Commercial Mortgage Company	06-107	725-LBR	\$11 538 46 Unse	
	•		1 '	
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>		842,140	36 Secured
This form should not be used to make a claim for an administrative exarising after the commencement of the case. A request for payment	pense of an	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		ected above constitute your claim as
Name of Creditor and Address	_	statement giving particulars		Debtor or pursuant to a filed claim II amounts set forth herein and have no
JOYCE E SMITH TRUST DATED 11/3/99	001113	Check box if you have	other claim agains	st the Debtor you do not need to file EXCEPT as stated below
C/O JOYCE E SMITH TRUSTEE		never received any notices from the bankruptcy court or	·	nown above are listed as Contingent
3080 RED SPRINGS DR LAS VEGAS NV 89135 1548		BMC Group in this case	Unliquidated or [Disputed, a proof of claim must be
		Check box if this address	filed	ready filed a proof of claim with the
		differs from the address on the envelope sent to you by the		t or BMC you do not need to file again
Creditor Telephone Number (102) 240 - 8007		court	THIS SPA	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	a proviouely	y filed claim dated
		if this claim amer		y meu ciaim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
To roomal many, wrongidi deali	Wages	salaries and compensation (fill out below)	Other claims against servicer
	Last fou	r digits of your SS#		(not for loan balances)
Money loaned	Unpaid of	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED (1-71-12	lo 15 0			(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	hest descri	OURT JUDGMENT, DATE O	BTAINED	a time case filed
The state for important explanations	DOST GESCH		it of the claim at th	ie unie case nieu
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	nur claim is seci	ured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you obtained to a securing it.	our claim ir claim is	a right of setoff)		and by condition (morating
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate		
entitled to priority 46		Value of Collateral	\$ 84	2,14036
Amount entitled to priority \$ 11538.		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ _ 842,	140.36
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits toward		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before thing of the bankruptcy petition or cessation of the debtor's	_	services for personal family o		- · · · · ·
Dusiness whichever is earlier 11 U.S.C. § 507(a)(4)	늗	Taxes or penalties owed to gov Other Specify applicable para		* ' ' ' ' '
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	1	Amounts are subject to adjus	- .	• • • • • •
5 TOTAL AMOUNT OF CLAIM \$ 11528 (16 \$	57.4-	with respect to cases commen	ced on or after the	
AT TIME CASE FILED (unsecured)	7	,140.36 \$		\$ 853,678,00
Check this box if claim includes interest or other charges in addition to the	,	secured)	(priority)	(Total)
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents countries countries countries countries countries accounts contracts countries moderness.	dited and	deducted for the purpose of r	naking this proo	f of claim
and a second contracts court podinerits mortgages security	acreemen	in and evidence of hertection	noticen illiki	OT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the	documents	s are voluminous attach a su	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of th proof of claim	e filing of	your claim enclose a stampe	d self addresse	ed envelope and copy of this
The original of this completed proof of claim form must be ser	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm	n, prevaili	ng Pacific time, on Novemb	per 13, 2006	USE ONLY
for each person or entity (including individuals, partnerships, governmental units)	corporati	ons, joint ventures, trusts a	ınd	FLED OCT 3 1 2006
BY MAIL TO BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		INTER OUT 9 T 500P
Attn USACM Claims Docketing Center P O Box 911	Attn USA	AČM Claims Docketing Cente	er	USA CMC
El Segundo CA 90245 0911		st Franklin Avenue ido CA 90245		
DATE SIGN and print the name and title if any of the	e creditor or			10/2500893
this claim (attach copy of power of afform	ney if any)	1-		
Julie E Sm	ill.	Viusle		
Penalty for presenting fraudulent clarer is a tine of up to \$500 000 or imprisonment	it 1 6, 10, 16, 15	Hears or Doth 18USC §§ 15	2 AND 3571	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OF OF CLAIM		TEMP SEIST BENKT REISTRAL
			YOUR CLA Schedule/Claim II	AIM IS SCHEDULED AS s31845
Name of Debtor	Case Number		Amount/Classifica	
USA Commercial Mortgage Company	06-107	25-LBR	\$14.500-10-1	
	<u> </u>		27 5/	1.44 Sacued.
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	pense	Check box if you are	20,00	1. Success.
arising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address JOYCE E SMITH TRUST DATED 11/3/99 C/O JOYCE E SMITH TRUSTEE 3080 RED SPRINGS DR LAS VEGAS NV 89135 1548		to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case	scheduled by the I you agree with the other claim agains this proof of claim If the amounts sh Unliquidated or D	cted above constitute your claim as Debtor or pursuant to a filed claim. If amounts set forth herein and have no tithe Debtor, you do not need to file EXCEPT as stated below wown above are listed as Contingent, hisputed a proof of claim must be
276 VEGNO NV 03155 1540		Check box if this address differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (702) 240-8007		court court	1 ' '	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	ces .	
Act 2296		if this claim amer		filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	salaries and compensation	(fill out below)	Other claims against servicer
Services performed Taxes Money loaned Other (describe briefly)	Last four	digits of your SS #		(not for loan balances)
Money loaned	Unpaid c	ompensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED 7-22-05	3 IF CO	OURT JUDGMENT, DATE (OBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you entitled to priority	your claim ur claim is	a right of setoff)		red by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of		—
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate		. , 49
Amount entitled to priority \$		Value of Collateral	-//	
Specify the priority of the claim		secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2 225 of deposits toward		
Wages salanes or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to go	r household use 1	1 U S C § 507(a)(7)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable para	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	マス	with respect to cases commen	iced on or after the	\$ 32.561,44
AT TIME CASE FILED (unsecured)	(s	ecured)	(pnority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	emized statement of	of all interest or additional charges
CREDITS The amount of all payments on this claim has been cre SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the documents are not available explain. If the DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	uments, su agreement documents	ch as promissory notes pur is and evidence of perfectio are voluminous attach a su	chase orders in n of lien DO No immary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be ser	nt hy mail	or hand delivered (EAYES	NOT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,	n, prevailir	ng Pacific time, on Noveml	ber 13, 2006	USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND O	OR OVERNIGHT DELIVERY (C)	FILED OCT 3 1 2006
Attn USACM Claims Docketing Center	Attn USA	.CM Claims Docketing Cente	er	
P O Box 911 El Segundo CA 90245 0911		t Franklin Avenue do CA 90245		USA CMC
DATE SIGN and print the name and title if any of the this claim (attach copy of power of after	e creditor or			1072500895
10-28-06 (xoure 2 Am	ikhu.	Buslee		

Case 06-10725-gwz Doc 9394-2 <u>E</u>	ntered 10/15/11 13:54:45 Page 5 of 10
FPR	DOE OF CLAIM
U	
Name of Debtor Case N	
31	IOTAS-LBR
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	Check box if you are aware that anyone else has filed a proof of claim relating
Name of Creditor and Address	to your claim Attach copy of statement grung particulars
LEONARD BAKER & BARBARA BAKER REVOCABLE TRUST C/O LEONARD BAKER & BARBARA BAKER CO-TRUSTEES 8520 BAYLAND DR LAS VEGAS NV 89134-8641	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the
	envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (142) 228 - 1700 Last four digits of account or other number by which creditor identifies debtor	THIS OF AGE IS FOR COOK! USE CHE!
ID # 3242	Check here replaces or a previously filed claim dated amends
	benefits as defined in 11 U S C § 1114(a) Unremitted principal
Services performed Taxes Last for	salaries and compensation (fill out below) If digits of your SS # Other claims against service (not for loan balances)
Money loaned Unpaid Unpaid	compensation for services performed from to
2 DATE DEBT WAS INCURRED 4/14/05 3 IF	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	
See reverse side for important explanations	SECURED CLAIM
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is	
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of collateral
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral \$ 21,500,000.00
Amount entitled to priority \$ Specify the priority of the claim	Amount of arrearage and other charges at time case filed included in secured claim if any \$ 3335.06
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	services for personal family or household use 11 U S C § 507(a)(7) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Amounts are subject to adjustment on 41107 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 190.6	\$ 140,000.00
AT TIME CASE FILED	(secured) (pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the principal	amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, supporting accounts contracts court judgments mortgages, security agreement DOCUMENTS if the documents are not available explain. If the documents 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim.	such as promissory notes purchase orders invoices itemized statements of its and evidence of perfection of lien DO NOT SEND ORIGINAL is are voluminous, attach a summary
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate	ng Pacific time, on November 13, 2006 USE ONLY
	OR OVERNIGHT DELIVERY TO
P O Box 911 1330 Ea	st Franklin Avenue
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney, if any of the creditor this claim (attach copy of power of attorney, if any of the creditor this claim (attach copy of attorney, if any of the creditor this claim (attach copy of the creditor this claim).	
Barbare Butter TTE	E BARBARA BAKER 10-2500976

Case 06-10725-gwz Doc 9394-	-2 En	tered 10/15/11 13:	54:45 Pag	ge 6 of 10
	EPRO	OF OF CLAIM		
Name of Debtor	Case Number			
USA Commercial Mortgage Company		25-LBR		
	•			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A 'request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address LOCOCO RANDALL & ALLISON 3001 SAN LUIS COURT FORT COLLINS CO. 80525	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	WHOSE LOAN IS DEBTORS YOU D OF CLAIM THIS BORROWER HEL DO NOT FILE THI SECURED INTER ONE OF THE DEE If you have aire	ady filed a proof of claim with the
Creditor Telephone Number () (970) 482-5262		envelope sent to you by the court.		or BMC you do not need to file again E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor	Chark haro Trepla	ces	
		f this claim amer	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	-	salanes and compensation (digits of your SS #	fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				ne time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM (see attach	ed explanation)
Check this box if a) there is no collateral or lien securing your claim or b) y	your claim	· ·	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claim is	a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim	_	secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000) earned within 180 days	Ш	Up to \$2 225* of deposits tows services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part	· ·	
		* Amounts are subject to adjust with respect to cases commen		
AT TIME CASE FILED	100,000			\$ 100,000.00
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(pnority) mized statement o	(Total) f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts contracts court judgments mortgages security a DOCUMENTS if the documents are not available explain if the do 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	<u>ments.</u> su agreements ocuments	ch as promissory notes, pure s, and evidence of perfection are voluminous attach a sui	chase orders invo of lien DO NO mmary	Dices itemized statements of F SEND ORIGINAL
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	, prevailin	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT
governmental units)	•	OR OVERNIGHT DELIVERY TO		Alfal mon
BMC Group	BMC Grou			NOV TO 5000
P O Box 911	1330 East	Franklin Avenue		
DATE SIGN and print the name and title if any of the	e creditor or	other person authorized to fig.		USA CMC
this claim (attach copy of power of attorn	ney (fany)	The same		1072501205
Randall Lococo/Allison	Lococc	. alluson	Jack	10/2501205

Case 06-10725-gwz Doc 9394-	2 En	tered 10/15/11 13:5	54:45 Pag	<u>e 7 of 10</u>
	EXK	OF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	25-LBR		
		,		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative experiment of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address MONIGHETTI PETE 6515 FRANKIE LANE PRUNEDALE CA 93907	fan	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the	WHOSE LOAN IS DEBTORS YOU DO OF CLAIM THIS I BORROWER HELI DO NOT FILE THIS SECURED INTERI ONE OF THE DEB If you have alre	ady filed a proof of claim with the
]	envelope sent to you by the court.	_	or BMC you do not need to file again
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies de	ebtor			E IS POR COOK! USE ONLY
		Check here replace or or amen	a previously	filed claim dated
	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	-	alanes and compensation (f	ill out below)	Other claims against service (not for loan balances)
1 🗖		ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED	3 IF CO	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that the				e time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you	our claim ir claim is	Check this box if you a right of setoff)	our claim is secure	ed by collateral (including
entitled to priority		Bnef description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage an secured claim, if any		at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towal services for personal family of		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		•
business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		Other Specify applicable para	= :	
Contraduction to an amployage scripting plan 17 8 0 0 3 con (a)(c)		 * Amounts are subject to adjust with respect to cases commen 		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	1,509	,963,55 \$		\$ 1,509,96355
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach iter	(priority) Mized statement of	(Total) all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS Attach copies of supporting documents	<i>nents</i> , su	ch as promissory notes pure	hase orders invo	pices itemized statements of
running accounts contracts, court judgments mortgages security ac DOCUMENTS If the documents are not available explain. If the do	cuments	are voluminous attach a sur	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		·		
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailin	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
	BY HAND (BMC Grou	OR OVERNIGHT DELIVERY TO		FILED
P O Box 911	1330 East	CM Claims Docketing Center Franklin Avenue]	NOV 10 2006
El Segundo CA 90245-0911 DATE StGN and point the name and title if any of the		to CA 90245 other person authorized to file		USA CMC
11 8 CC				1072501208

FORM B10 (Official Form 10) (10/05)

Last lour digits of account of other number by which creditor identifies debtor Check here			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Name of Orbitor (The person or other entity) on whom the dubitor own, money or property) Dr. James 6 Tracy Murphy, Trustes of The Murphy Ramily Rami	United States Bankruptcy Court	Dist	TRICT OF NEVADA	PROOF OF CLAIM	
Name of Creduct The person or other entity to whom the debtor ows. noney or property) Dr. James & Tracy Murphy, Trustees of The Murphy Pamily Trust. Name and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address where nonces should be east chiral standard and address on the envelope seat to you by Thom Small biox Cook Union Check know if the address of the envelope seat to you by Thom Small biox Cook Union Check know if the address of the envelope seat to you by Thom Small biox Cook Union Check know if the address of the envelope seat to you by Thom Small biox Cook Union Check this so address on the envelope seat to you by Thom Small biox Cook Union Check this box if a) there is no collateral or licen securing your claim of Services performed Money loaned Personal singury/wrongful death Thom Check this box if a) there is no collateral or licen securing your claim or only part of your claim is entitled to promity Small should be promity securing it or if c) none or only part of your claim is entitled to promity Small should be promity securing it or if c) none or only part of your claim is entitled to promity Small should be promity securing it or if c) none or only part of your claim is entitled to promity Small should be promity securing it or if c) none or only part of your claim is entitled to promity Small should be promity securing it or if c) none or only part of your claim is entitled to promity Small should be promity securing it or if c) none or only part of your claim is entitled to promity Small should be promity securing it or if c) none or only		Case BK-	Number 5-06-10725 1br	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ablor owas money or property) Dr. James & Tracy Murphy, Trustees of The Murphy Famaly Trust Name and address where notices should be vent Chriz-stopher D. Jazimes Maupfin, Cox & LeGoy Pathon 807 3do, 900 Reno, NV 89520 Take flow box 1 file address of the event control of other number by which creditor identifies debor I Basis for Claim Goods sold Services performed Money loaned Personal nightly vivoringful death Taxes Other Charm Check the six of sevences and proposal to so or boxes that best describe your claim and state the amoent of the claim at the time case file of six of property claim is secured from the secured of the property claim is secured from the address on the evelope sent to you by the court Avance of the secured proviously filed claim dated Retiree benefits as defined in 11 US C § 1114(a) Wages salaries, and compensation fill out below) Last four digits of your SS # Unpad compensation for services performed Money loaned Personal nightly vivoringful death Taxes Check that box if g) have a non-collateral or hen securing your claim and by your claim as secured by collateral (Cabetinet) Unsecured Priority Claim Check this box if g) have it no collateral or hen securing your claim settled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is settled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is settled to priority Unsecured Priority Claim Contributions to an employee benefit plan - 11 US C § 507(a)(1)(A) or (b) 11 US C § 507(a)(1) Wages salanes, and compensation of the claims of the debors of the priority claim is secured claim, if any § 22, 75.3 Check this box if you have an unsecured claim all or part of which is secured claim, if any § 22, 75.3 Unsecured Priority Claim Contributions to an employee benefit plan - 11 US C § 507(a)(1) Wages salanes, or commissions (up to \$10 000), earned within 180 Great Priority Claim includes interest or other charge	NOTE This form should not be used to make a claim for an administrative expense ma	strative expo y be filed p	ense arising after the commencement oursuant to 11 U.S.C. § 503	1	
Chr_stopher D. Jalme, Esq. Check box if the address differs from the address on the envelope sent to you by the court of the file of the court of	dublor owus money or property) Dr James & Tracy Murphy, Trustees of The Murphy Family Trust	else i your givin	has filed a proof of claim relating to claim. Attach copy of statement ig particulars ik box if you have never received at	o ny	
Last lour digits of account of other number by which creditor identifies debtor identifies debtor identifies debtor if this claim	Christopher D. Jaime, Esq. Maupin, Cox & LeGoy P.O. Box 30,000 Reno, NV 89520	case Check addre	ck box if the address differs from the ess on the envelope sent to you by		
Goods sold Services performed Money loaned Personal nyury/wrongful death Takes Other 2 Date debt was incurred 4/21/05 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case fill four lynaments of the property securing it or if c) none or only part of your claim s Check this box if a) there is no collateral or lien securing your claim only part of your claim s. Check this box if you have an unsecured claim all or part of which is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Specify the priority of the claim Connessue support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries, and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from	Last four digits of account of other number by which creditor	Chec	k here replaces	filed claim dated	
2 Date debt was incurred 4/21/05 3 If court judgment, date obtained N/A 4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case file for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim or by your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 22, 7.53 Specify the priority of the claim Domestic support obligations under 11 U.S.C. \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier. 11 U.S.C. \$ 507(a)(4) Taxes or penalties owed to governmental units - 11 U.S.C. \$ 507(a)(5) Total Amount of Claim at Time Case Filed Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interests or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are voluminous, attach a summary Date Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	☐ Goods sold ☐ Services performed ☑ Money loaned ☐ Personal injury/wrongful death ☐ Taxes		Wages salaries, and compe Last four digits of your SS a Unpaid compensation for so from	nsation (fill out below) #erroredto	
Secreted Claim (Cabernet) Unsecured Nonpriority Claim s. Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (o)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever it earlier? - 11 U S C \$ 507(a)(A) Contributions to an employee benefit plan - 11 U S C \$ 507(a)(S) Contributions to an employee benefit plan - 11 U S C \$ 507(a)(S) Check this box if your claim is secured by collateral (including a right of setoff) Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 22, 753	2 Date debt was incurred	-		ed	
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One stic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)(5) Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in addition to the principal amount of the claim interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Supporting Documents Atlach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary Date Sign and print the name and title, if any of the creditor or other claim.	Amount entitled to priority \$		secured claim, if any \$ 22,	153 _	
Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Contributions to an employee benefit plan - 11 U S C § 507(a)(5) Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are voluminous, attach a summary Date Sign and print the name and title, if any of the creditor or other personal videous action Sign and print the name and title, if any of the creditor or other personal videous documents Sign and print the name and title, if any of the creditor or other personal videous Sign and print the name and title, if any of the creditor or other personal videous Sign and print the name and title, if any of the creditor or other personal videous Sign and print the name and title, if any of the creditor or other personal videous Sign and print the name and title, if any of the creditor or other personal videous Sign and print the name and title, if any of the creditor or other personal videous Sign and print the name and title, if any of the creditor or other personal videous Sign and print the name and title, if any of the creditor Sign and print the name and title, if any of the creditor Sign and print the name and title, if any of the creditor Sign and print the na	☐ Domestic support obligations under 11 USC § 507(a)(1)(A) of	(or services for personal family, or	ourchase lease or rental of property household use - 11 U S C	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 Date Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any of the creditor or other person outboursed to		1 180 □ (or s □ (Other Specify applicable paragra	ph of 11 USC § 507(a)() 4/1/07 and every 3 years thereafter	
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. Date Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	5 Total Amount of Claim at Time Case Filed	\$_	122,753	122,753	
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Date Sign and print the name and title, if any of the creditor or other person outhorized to	7 Supporting Documents Atlach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lies. DO NOT SEND ORIGINAL DOCUMENTS, 15 to				
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8/15/06 The this claim (attach copy of power of attorney, if any) Christopher D. Jaime, Esq. USA CMC 1072500099	Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attorn Christopher D. Jaime, Esq.	ne creditor ney, if any)	or other person authorized to	USA CMC	

ORM BIO (COMMAN MORE) DOC 9394- UNITED STATES BANKRUPTCY COURT-DIST	FXFII	NEVADA	PROOF OF CLAIM
Name of Debior USA COMMERCIAL MORTGAGE COMPANY (JOINTLY ADMINISTERED)	Case Num	ober 25-LBR	
POINTLY ADMINISTERED)	J		CEIVED AND FILED
NOTE This form should not be used to make a claim for an administrative "request" for payment of an administrative expense may be filed pursuant			06 AUG -8 PM 12: 10
Name of Creditor (The person or other entity to whom the debtor owes money or property) Paul L. Linney Trustee of the Paul L. & Marie	else	ck box if you are aware that anyone has filed a proof of claim relating to relating Attach copy of statement	BANKRUPTCY COURT TRICIA GRAY, CLERK
Linney Trust dated 10/25/96 Name & address where notices should be sent	☐ Che	ng particulars ck box if you have never received any ces from the bankruptcy court in this	
Paul L Linney	case		REC'D AUG 0.9 200
2079 Mentage Drive	1	ck box if the address differs from the	
Sparks, Nevada 89434-2102	1	ress on the envelope sent to you by court	(This space for court use)
Account or other number by which creditor identifies debtor	Check he	ere if this claim	
Client ID 3173	□rep	olaces Damends a previously fil	ed claim, dated
	Retiree b	enefits as defined in 11 USC § 1114(a	a)
☐ Goods sold ☐	-	alaries, and compensation (FILL OUT I	BELOW)
☐ Services performed		r digits of your SS #	
Money loaned Personal injury/wrongful death	Unpaid (compensation for services performed	
☐ Personal injury/wrongful death ☐ Taxes	from (d	ate) To	(date)
Other	HOUI (G	10	(vaic)
2. Date debt was incurred 6/24/05		3 If court judgment, date obtained	
Unsecured Non Priority Claim \$ Check this how if a) there is no collateral or her securing you	our claim	5 Secured Claim	recovered by collectoral (mahydra
Unsecured Non Priority Claim \$		☐ Check this box if your claim is right of setoff)	secured by collateral (including
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☐ Check this box if a) there is no collateral or lien securing yo or b) your claim exceeds the value of the property securing it, or or only part of your claim entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured priority claim, all of which is entitled to priority Amount entitled to priority \$	r it c) none	☐ Check this box if your claim is right of setoff) Brief Description of Collateral ☐ Real Estate ☐ Motor Vei	hicle Otherwn wn arges at time case filed included
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☐ Check this box if a) there is no collateral or lien securing yo or b) your claim exceeds the value of the property securing it, or or only part of your claim entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured priority claim, all of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim ☐ Domestic support obligations under 11 USC § 507(a)(1)(A (a)(1)(B)) ☐ Wages, salaries, or commissions (up to \$10,000)* earned will days before filing of the bankruptcy petition, or cessation of the	Il or part or 180 debtor's	☐ Up to \$2,225* of deposits towar or services for personal, family 507(a)(7)	wn arges at time case filed included known d purchase, lease or rental of prope or household use-11 USC § rernmental units 11 USC § 507(a) ragraph of 11 USC § 507(a) or and every three years thereafter with
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		DOBOF CLAIM		IIII IIIII IIII IIII IIII IIII IIII IIII
Name of Debtor	Case Nu	Case Number		s32239
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classificat	ion
OSA Commercial Mortgage Company	00-10.	20 2011	\$41 666 67 Unseci	ured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex arising after the commencement of the case A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address PEDRO L & CAROL A BARROSO TRUST DATED 11/29/90	t of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or	scheduled by the Do you agree with the a other claim against this proof of claim E	ted above constitute your claim as abotor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file XCEPT as stated below
C/O PEDRO LUIS BARROSO & CAROL ANN BARROSO TRUSTEE)	BMC Group in this case	Unliquidated or Di	sputed, a proof of claim must be
3231 CAMBRIDGESHIRE ST		Check box if this address	filed	adv filad a proof of aloum with the
LAS VEGAS, NV 89146 6223		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number (702) 876 - 4/84		court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replain or amer	a proviously:	filed claim dated
1 BASIS FOR CLAIM	Retiree h	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation		Other claims against service
Services performed Taxes		r digits of your SS #	im out below)	(not for loan balances)
Money loaned		compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) y	vour claim	Check this box if y	our claim is secur	ed by collateral (including
exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family o	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go		• (/(/
Contributions to an employee benefit plan 11 U S C § 507(a)(4)		Other Specify applicable para		
Continuations to all only logical bottom, pilatin 11 of 0 of \$ 507(a)(b)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$		\$		\$
(unsecured)	•	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting documents accounts, contracts, court judgments mortgages, security DOCUMENTS If the documents are not available, explain. If the	<u>uments,</u> su agreemen	ich as promissory notes, pur ts, and evidence of perfection	chase orders invo	oices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		·		envelope and copy of this
The original of this completed proof of claim form must be ser ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, governmental units) BY MAIL TO	n, prevailir corporatio	ng Pacific time, on Novemb	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Grou			ED OCT 0 4 2006
El Segundo, CA 90245 0911	El Seguno	do CA 90245		
SIGN and print the name and title if any of the this claim (attach copy of power of attorn to the claim).	ney if any)	other person authorized to file FEOLO L BALLOS CALUL A BALLOS		USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonmen	-			L NEXT PAGE

Pont claim is a fine of up to \$500 000 or imprisonment oxide Beats Both 18 USC \$\$ 152 AND 3571 See NEXT PAGE